## School Immunization Survey Vaccine Specific Exemptions Worksheet for Prekindergarten and Day Care

- Use this worksheet to help you fill out the survey form. **DO NOT RETURN TO US.** Keep for your records.
- Make photocopies of this worksheet before filling it out if you know you will need more.
- Only transfer "Summary Totals" from the front of the last worksheet to the survey form.

Prekindergarten or Day Care Name \_\_\_\_ of \_\_\_ Student Name Medical Religious **Exemptions Exemptions** 2 3 5 6 7 9 10 11 12 13 14 DTaP Polio MMR Hepatitis Haemophilus DTaP Polio MMR Hepatitis B Varicella Haemophilus Varicella Pneumo-Pneumo-Vaccine Vaccine Vaccine **B** Vaccine Vaccine Influenzae coccal Vaccine Vaccine Vaccine Vaccine **Vaccine** Influenzae coccal (only for 1 (only for 1 type B (only for 1 (only for 1 type B **Vaccine Vaccine** year and year and year and year and (PCV) (PCV) older) older) older) older) Example: Joe I. Smith Χ Χ Subtotals for page **Summary Totals** 

## Instructions:

Student Name: Enter the name for each student who has a medical or religious exemption to immunization on a separate line.

Exemption Vaccine Fields 1 through 14: Enter an "X" in the boxes under the appropriate vaccine fields for which each student has a valid medical or religious exemption.

## **Tabulating the Data:**

Add the number of "X's" in each column and enter the sub-totals on each page.

Add the sub-totals for each page and enter the summary totals on the last page.

Transfer all totals by grade onto the survey summary form.